CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:		1 480	IDENCE (HOME) OF DECEASED:	
County Caroline			and county Caroline	
City or town Jeder aleter	own limits, write RURAL and give		County	
How long in above place of death?		City or town(15	Federal Story - Runa Coutside city or town lights, write RURAL and	prive nearest town)
Hospital, institution, or street address	where death occurred:	61	Near Bloomery	
Near Blo	mesy	Street RU	(If rural, give LOPATION)	
How long in hospital or institution?		2.(a) It veteran, nam	ne war	
3. (a) FULL NAME			3. (b) Social Se	curity Number
	Georgia arney		Hone	A
4. Sex 5. Color or ra	e 6.(a)Single, married, widow	ved, or divorced	MEDICAL CERTIFICATIO	N
Female White	married	20. DATE OF CEATH.	august 6 19	48 21 9:10 4.
6.(b) Name of husband or wife	7	M	death occurred on the date above stated; that I all	
			es: alive on Oug 6	4
7. Birth date of deceased (mo., day, yr.)	ch 2, 1864			
8. AGE: Years Months	Days It less than	one day	death Condetis	SCA
84 5	4h		1700000	
9. Birthplace Carolina 10. Usual occupation	Town, county, and states	Due to		
10. Usual occupation	Home	Oue to		***
	rice	Other conditions	trasture it.h	b 3mm
	County Maryland	Giner Containons		0
		(In	clude pregnancy within 3 months of death)	
= 14. Maiden name Omely	Jesles	Major findings of o	perations	
2 15. Birthplace Caroline	County Maryland		Date of o	D
14. Maiden name Caroline 15. Birthplace Caroline 16. (ntorman) Suther	tiel in and			
TO, III (OI MAIN)		PHYSICIAN: Pleas	e underline the cause to which death should be	charged statistically.
Address Meford	Oclaware	22 VIOLENCE, II	death was due to external causes, till in the following	
17 Burial (Burial, cremation, or removal.)	Vhich?) Dale thereot August	Accident, suicide, or	r homicide accident Date	11-118
	Crest Comatary	l l	(City or town) (Santy)	(State)
	ug, Marylald	11	m, Industry, public place (where?)	
18. Funeral director	Compton ex Lor	7 Msans of Injury	Fall Injured at wo	rk?
Address Fideralsh	ng maryfand	23. SIGNATURE	Trenk M. Ou,	Jessen W.
19. august 7 19.	48 J. J. Fr	amotom a	les de beeng Mid.	8-17/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully be especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08216

CERTIFICATE OF DEATH

Reg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH: County Caroline City or town Harmony (If outside city or town limits, write RURAL and give nearest town How long in above place of death? 40 years Nospital, institution, or street address where death occurred:	state Maryland county Caroline
3. (a) FULL NAME HARRY ARRINGDALE	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced M MARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH. CUGARAT 25 19 24
8. AGE: Years Months Days If less than one day 76 II 17 hrs. 9. Birthplace Mathewstown, Talbot, Marylar (Town, county, and atate) 10. Usual occupation. Miller	years and that I last saw h. Acc alive on august 24 19.5% Immediate cause of death Order Thyputures Due to.
11. Industry or business Reticod E	Other conditions (tnclude pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Preston, Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Concord Location Concord, Maryland 18. Funeral director H. M. Hollis Address Preston, Md. 19. 8/27 (Date rec'd by registrar) 19. C. W. Plummer, R. M. Polis R. C. W. Plummer, R. C. W	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide



CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: Coroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newharn infants give residence of mother)
City or town	Cily or town (tf outside eity or town mints, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Richard Baker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w married	2D. DATE DE DEATH. Ougut 5 19 48 at 11:3.0A
6,(6) Name of husband or wife Fig. Saker 6.(c) If alive, give age 5.5 year 7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Days It less than one day	and that I last saw hadron, alive on the last saw hadron alive of the last saw hadron alive on the last
8. AGE: Years Months Days If less than one daymir	artuis rellinis 6 yas
9. Birthplace (Burravelle) (and state)	Due to
10. Usual occupation	Due to
12. Name Janes Baker 13. Birtholace Mariland	Dther conditions
14. Maiden name Lakhown 15. Birthgiace Lenknown	(Include pregnancy within 8 months of desth) Major fisdings of operations.
E 15. Birthplace lenknown	Date of op.
16. Informant Daza Virgie Baker	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jenton, Maryland 17. Buil Date there! Rug. 7, 1948	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burisi, cremation, or removal. Which?)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location January Land	Injured at home, farm, Industry, public place (where?)
18, Funeral director Jungal many	Means of injury injured at work?
Address Ind.	23. SIGNATURE Swall with M. D. OLDHUFT (5
19. (Date rec'd by registrar) 19.48 Registrar	Address Dentin Wed Bate signed \$ 17/48

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

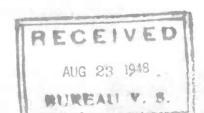
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08213

CERTIFICATE OF DEATH

Reg. Diat. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Caroline City or town Greensboro. (If outside city or town limits, write RURAL and give ne How long in above place of death? 5 Weeks. Hospital, Institution, or street address where death occurred:	state Maryland county Caroline City or town Preston (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?5Weeks	2.(a) If veleran, name war.
3. (a) FULL NAME NELLIE C. CARMINE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, to WIDOWED	MEDICAL CERTIFICATION 20. DATE DF OBATH AUGUST 18, 148 3:10
9. Birthplace Federalsburg Caroline, 1 10. Usual occupation Housewife 11. Industry or business	years and will list saw h.C.T. alive on Aug. 17, 1948 Inflacdiate cause of death OURATION Md. Due to. Due to.
12. Name W. H. Hollis 13. Birthplace Delaware 14. Maiden name Fannie E. Cox 15. Birthplace Maryland 16. Informant Hilda Carmine	(Include pregnancy within 3 months of death) Major fieldings of operations
Address Preston, Md. 17. Burial (Burial, cremation, or removal, Whieh?) Cemetery or crematory Jr. O. U. A. M. Cemetery of Charlest	PHYSICIAN: Please underline the cause to which death should be charged statistically. 20. 1.94.8 (day) (year) Accident, suicide, or homicide
Location Preston, Md. 18. Funeral director H. M. Hollis Address Preston, Md.	Injured at home, farm, Industry, public place (where?)



PLEASE WRITE

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME)	OF DECEASED:
County		line		state Maryland c	
City or town	reensbord) mits, write RURAL and give neares	st town)		
		5 Weeks		City or town Greensboro	its, write RURAL and give nearest town)
How long in above place Hospital, Institution, or	street address where	death occurred:		Street No.	
				(If rural, giv	ve LOCATION)
		X		2.(a) If veteran, name war	X
3. (a) FULL NAM	E				3. (b) Social Security Number
	Lola	Cohee			X
4. Sex	5. Color or race	6.(a) Single, married, widowed, or div	vorced	MEDICAL (CERTIFICATION
P.	White	Widowed		20 DATE OF DEATH AURUST 25	19.48 ,at 1:40A
	TT	man Calada		21. I SERTIFY that death occurred on the date a	
6.(b) Name of husband	or wife	nson Cohee		July 24	9 48 10 lug I5 19 48
T Dish data at			years	and that I last sow held alive on	
deceased (mo., day,	yr.) Augi	st 19. 1874		Immoffhic Muse of death	DURATION
8. AGE: Year	s Months	Days If less than one day		(accumed	Uleus
74	0	6hrs	mìn.	1977.81	g (-)-
		Delewaye	i.	Mil neloov	
9, Birthplace	(Town,	Delaware county, and state)		76	w
		130Wife			
11. Industry or busines		▼		Que to	
-		ok			
E	Homas yv			Other conditions	
13. Birthplace		Delaware		(Include pregnancy within	3 months of death)
14. Maiden name 15. Birthplace 16. Informant	Heste	r Moore		Major findings of operations	
15. Birthplace	Dela	ware			
	Suggia	Cooper		Antensy results	
16. Informant				PHYSICIAN: Please anderline the cause to	which death should be charged statistically.
		o, Maryland.	-1	22. VIOLENCE: If death was due to external of	causes, fill in the following;
17. Bur	ial	Oate thereof	8/48	Accident, suicide, or homicide	Oate of
Complete or cremation	odd F	ellows		Where did injury occur?(City or town	(County) (State)
		elaware.		injured at home, farm, Industry, public place	
		B. Rawlings	i.	Maens of Injury	injured at work?
		Maryland		too NI	Honovala Mola
Ch		A A A	n·.	23. SIGNA	M. D. or other
19. (Date road by r	2.5 19 # 8 egistrar)	A. May	Registrar	Address Greensloro	md. Cate signed 8-25-48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Ind County Caroline
(If outside city or town limits, write RURAL and give nearest town)) &
6.1	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(11 00000000000000000000000000000000000
	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Phillip Worthington Do	3. (b) Social Security Number
4. Sex S. Coior or race 6.(a) Single, married, widowed, or divorced we work the services of th	MEDICAL CERTIFICATION 20. DATE DE DEATH
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the fate above stated: fhat I aftended deceased from
7. Birth date of deceased (mo., day, yr.) Quig 4 1880	and that last saw h
8. AGE: Years Months Days tf tess than one day	The control of the co
9. Birthplace (Town, edunty, and state)	Due to green of prostate 82ms.
1D. Usual occupation.	Due/10
11. industry or business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12. Name Truest Journey	Diher conditions
# Fresel 1.00:	(Include pregnancy within 3 months of death) Major findings of operations
14. Maiden name Phanlend 15. Birthplage Phanlend	Date of op.
16. Interment Dro Flellip (0. Downes	Antopsy results
Address Dentow maryland	22. VtoLENCE: tf death was due fo external causes, fill in the following:
(Burial, cremation, or removal Which?) Date fhereot (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Tugil Do Set Joseph	Means of injury Injured at work?
Address Danto Sand.	23 SIGNATURE NAME OF SEORGE
19. aug 28 1945 Smx O Jessa (Date rec'dby registrar) Registrar	Address Dautos Date signed \$ 28/48



2411 N. Charles St., Baltimore

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U		Per	Prof	R

CERTIFICA	ALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
A. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Male Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife Audion S. Co. It alive, give age 6.4 ye 7. Birth date of deceased (mo., day, yr.) Oct. 23, 1859	July 18 1 10 48 10 aug 8 10 48
8. AGE: Years Months Days If less than one day 8 9 16	
10. Usual occupation	Oue to Cerebysland and annal
12. Name	(Include pregnancy within 3 months of death) Major fiediogs of operations.
16. Informant	Actopsy resolts. PHYSICIAN: Please coderlice the cause to which death about he charged statistically. 22. VtOLENCE: If death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Cemetery or crematory. Dat hereof. (morph) (day) (year) Cemetery or crematory.	Accident, suicide, or homicide
18. Funeral director Elgan or have Address Church Hul Md	Meens of Injury Injured at work?
19. Oca 1947 May E. Fairl Registrar)	23. SIGNATURE Address Address Leaf 7 9 5 Date signed

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	2411 N. CI	narles St.,	Baltimore	9	940

CERTIFICATE OF DEATH

			Keg. that, No.			
1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Carolina		***************************************				
City or town January Control of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:		death occurred:	City or town	r st town)		
How long in hospital	or institution?		2.(a) It veteran, name war			
3. (a) FULL NAM			72.5 115 1	M 1		
3. (a) FULL NAM		m G. Longaker	3. (b) Social Security 218-20-657			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	White	married	2D. DATE DF DEATH. Quegnet 4 1948.	al 1:20 P. W		
6.(b) Name of husban 7. Birth date of deceased (mo., day	7	5.(c) If allve, give age 53 years	and that I tast caw h	4 19.48		
8. AGE: Year	mrs Months	Days If less than one day 5 hrs. min.	Immediate cause of death y Throm Fisis.	1/2 31.		
10. Usuat occupation 11. Industry or busin 12. Name	ess General amuse H.	Pencylosia county, and syste) Mercantile Duiness Togases Kolb	Due to Dither conditions CAVANIC. HYPEVINOPAS (Include pregnancy within 3 months of death) Major fiediogs of operations	History 37/rs-		
		G. Gongoker Maryland	Actorsy results	d statistically.		
17. Buri	on, or removal. Which?	Date thereof august 6 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
		ed Constany	Where did injury occur?	(State)		
Location	Levalstury	2 Marchal	tnjured at home, farm, industry, public place (where?)			
18. Funeral director	J.J. Frah	uptom and Son	Means of injury Injured at work?			
Address Zu	deralsburg	Maryland	23. SIGNATURE W. E. Semmon /	m. &		
19. august	5 19 # 8 registrar)	J. J. Framptom	Addres Falevalsking Mind	aug 5 4		

AUG 11 1948 BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

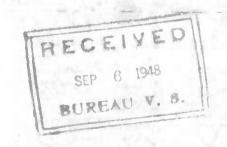
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08223

Reg. Dist. No. 60

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Alfred Obe Melvin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH August 18 1948 31 4:30P.
6.(b) Name of husband or wife Annie 6.(c) If alive, give age 6.0 Yres 7. Birlh date of deceased (mo., day, yr.) October 4th. 1878	and that I law say it makes after the contract of the contract
8. AGE: Years Months Days If less than one day	Immediate confer of death DURATION DURATION
69 10 14hrsmin	
9. Birthplace	Due to Due to Differ conditions
12. Name John Melvin 13. Birthplace Delaware	Uther conditions
14. Malden name Hester Draper 15. Birthplace Delaware 16. Informant Mrs. Annie Melvin	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Mrs. Annie Melvin	Autopsy results
Address Henderson, Maryland, Rural Burial Burial Bate thereof Bate (month) (day) (year) Cemetery or crematory. Mt. Olive	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,
Location Near Goldsboro, Maryland.	
18. Funeral director Raymond B. Rawlings Address Greensboro, Maryland. 19. 8/20 19 48 Ablak Amith	23. SIGNA E Leads A Tree Club (a) 19/48



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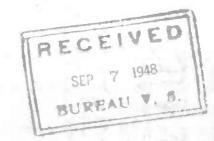
CERTIFICAL	Reg. Dist. No. 64		
1. PLACE OF DEATH: County Careful County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carline City or town (If outside city or town funits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH August 30 1048 at 8 A. M		
6.(b) Name of husband or wife form L. Paul 6.(c) If allve, give age years 7. Birth date of deceased (mo. day, yr.) Fabruary 4 1876	21. I CEPTIFY that death occurred on they date above stated; that I attend doce and from 19.7. to 19.7. to 19.7. and that I last saw her alive on long 30.7.		
deceased (mo., day, yr.) Francy 4, 1876 8. AGE: Years Months Days if less than one day 72 6 26 hrs. min.	Immedio cause of death of thronnhosis DURATION IO MIN		
8. Birthplace Dorchester County Maryland (Town, county, and state)	Due 1a arlenosclerosis 3 48		
10. Usual occupation. Howevork 11. Industry or business Home 12. Hame Yesley Holder 13. Birthplace Dorchesty County Maryland	Other conditions Chromic Hypertrophic 1097		
14. Malden name Sarah Winkson 15. Birthplace Dorchester County Maryland	(Include pregnancy within 3 fewaths of death) Major findings of operations		
16. Informant Mrs. Euroge Johnson	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Date thereof Systember 1 1948 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory thee Crest Comiting	Where did injury occur? (City or town) (County) (State)		
18. Funeral director J. J. Frampton End Ann	Injured at home, farm, Industry, public place (where?)		
Address Federalsburg Mayland 19. August 31 1948 5 J. Framptom	23. SIGNATURE (Symmen MD)		
(Date sec'd by registrar) Registrar	Address 7 Early und 11110 Date standing 30 7		

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WITH CNFADING INK. Supply every item of information carefully. The simportant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No. 41

1. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State. Maryland			
					3. (a) FULL NAME
	Miff	lin	Pippin		220-07-2210
4. Sex Sex	5. Color or race	8.(a)Singi	e, married, widowed, or divorced		CERTIFICATION The second seco
6.(b) Name of husband or	wife	6.(c) If alive, give ageyear	21. I CERTIFY that death occurred on the dat	e above stated; that I attended deceased from
deceased (mo., day, yr.)	Novem	Der	26, 1884	Immediate cause of death	
8. AGE: Years	8	7	hrs,min	Cesperator	may 24 has
9. BirthplaceG.O.1 1D. Usual occupation 11. Industry or business	Laboro		line. Maryland	Due to. De Crone	I Hypertini Enter
至 12. Name	bert E.		in Maryland.	Other conditions . C	A Spourie ?
				Major fiediogs of operations	in 3 months of death)
16. Informant	rs. Pear	1 Ma	han	Actopsy resolts	
Address Gold	sboro, M	aryl	and, R.F.D.	PHYSICIAN: Please ooderliee the cause 22. VIOLENCE: If death was due to extern	to which death should be charged statistically. ai causes, fill in the following:
17Buria			(month) (day) (year)	Accident, suicide, or homicide	Date of
			land.		
			awlings	Manager of the form	Injured at work?
	eensboro			Man 1	Minto mo
	5 1945	S.	mi Pi	23. SIGNATURE RADIO	M. D. or other

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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RUPEAU V. S.

1. PLACE OF DEATH:

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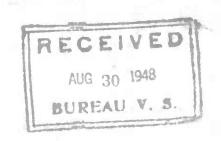
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

| 2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

County Co	(For newborn infants give residence of mother) Slate	<i>y</i>
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE COLORED WIDOWED	20. DATE OF DEATH August 23 1948 2	1:45P.
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that t attended decease	ed from
17. 1	and that I last saw him alle on August 18	23 19 48
7. Birth date of 7. Bir	and that I last saw h in a live on degret 180	19.4.2
deceased (mo., day, yr.) Super 4 8 95	Immediate cause of death acute chracac	DURATION
o. Adu.	dilatation .	15 men.
	Oue to Left ventrular failure	3 weeks
9. Birthplace (Town, county, and state)	Oue to de spanning to the span	
10. Usual occupation	Due to	
11. Industry or business FRAMER		
12. Hame LAZARETH BIVERS	Other conditions Companysens	3
13. Birthplaco UMGINIA	(Include pregnancy within 3 months of death)	
14. Maiden name FMMA BIVERS 15. Birthplace MORTH CAROLINA	Major fiedings of operations.	
15. Birthplace NORTH CAROLINA	Dale of op.	
16. Informant DOROTHY BIVERS	Autopsy results.	
Address 227 N. WOLFE ST. Balto, md	PHYSICIAN: Please underline the cause to which death should be charged sta	tistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:	
11	Accident, suicide, or homicide	
Cemetery or crematory ZVYTOWN CEMETERY	Whers did injury occur?	(State)
Location Zuprown Many Many	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Collisions	Msens of Injury Injured at work?	
Address (Caston) Manufons	Luca All	
SIAZ UC CO O' N'DO	23. SIGNATURE JANG M. D. OF	other
19. 8/27 19. 48 Cornelia D. Plumme Registrar	Address Preston, Maryland Date signed 8	123/48



08227

2411 N. Charles St., Baltimore

	CERTIFIC	CATE OF DEATH	Reg. Dist. No. 4
County (If outside try or town limits How long in above place of deam?		City or town	County Co
How long in hospital or institution?		2.(a) if veteran, name war	
3. (a) FULL NAME	od Spenew	Strong	3. (b) Social Security Number
nolo Lerkita	6.(a) Single, married, widowed, or divorced	V .	L CERTIFICATION
	1 Parties	20. DATE DE DEATH	
6.(b) Name of husband or wife	e 9. Share 71	Cul 25	date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Aee 7	- 1874	and that I lest shy h. Landalive on	Clig 7 19.48.
8. AGE: Years Months	Days tf less than one day	Jacensm	B I I Known a Color
8. Birtholace Kent (so-ne	Due to.	
10. Usual occupation. Accupation	nty, and state)		***************************************
11. Industry or business Deele	ing the soil	Oue to	
12. Name	To Towne	Dther conditions	
	H leich	(Include pregnancy w	thin 3 months of death)
14. Maiden name	* Co-nel	Major findings of operations	Date of op.
16. Informant Mus Carrie	9. Strong	Autopsy results.	
Address green	Haro - M.	PHYSICIAN: Please underline the cause 22. VIOLENCE: If death was due to exte	e to which death ahould be charged statistically.
(burial, cremation, or lemo W. 7.)	Date thereot (m with) (day) (year	X	Date of
Cemetery or crematory.	ufuel (Where did injury occur?(City or	town) (County) (State)
Location	orege. The		lace (where?)
18. Funeral director	1010	Means of injury	Cer Hilliam Mork!
Address Certific	rice, Ill	23. SIGNATURE COMME	X Streether N
19 Que 19 19 15 (Date ree'd by registrar)	X. Maity	rietrar Address Seeus	ne heel Date signed

MARGIN RESERVED FOR BINDING
WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V

WRITE

PLEASE

A15

Durie Rylt Small Begin Eft.

RECEIVED

AUG 18 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

recorrect age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

A15 SA

FOR BINDING

MARGIN RESERVED

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) O			
County Caroline				
City or town. Jalantina (If outside city or fown limits, write RURAL and give nearest town)	State Maryland Co	loty Carotta		
How long in above place of death?	City or town It outside sity or town init	s, write RURAL and give near	t town)	
Hospital, Institution, or street address where death occurred:	Street No. Houston Branc		,	
Houston Branch Road	Street No. (If rural, give			
How long In hospital or Institution?	2.(a) If veteran, name war			
3. (a) FULL NAME Jua M. Mabb	In . M. Wall		3. (b) Social Security Number 213-18-5063	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL C			
		ERTIFICATION		
Female Colored Separated	20. DATE OF DEATH august	15 1948	2:30 P	
6.(6) Name of husband or wite. John Smith	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended diceas	ed from	
	19.	, to	19	
7. Birth date of	and that I last saw halive on		19	
deceased (mo., day, yr.) October 30, 1906	Immediate cause of death		DURATION	
8. AGE: Years Months Days If less than one day	6.1.21			
4-1 9 15min.	Ushrete Cheen	ch	6 snos	
9. Birthplace Caroline County Maryland (Toyn, Jounty, and stage)	Due to Myseardates 1	Phromis	?	
1D. Usual occupation.			***************************************	
41	Due to		**************	

12. Hame Thomas Webb 13. Birthpiace Caroline County Waryland	Dther conditions	***************************************		
13. Birthplace Caroline County Thaugland	(Include pregnancy within 3	Abrael deskil		
14. Malden name Clara Shark				
14. Maiden name Clara Sharff 15. Birthplace Caroline County Maryland	Major findings of operations			
41		Date of op.		
16. Informant Bertha E. Prattile	Antopsy results			
Address Federalsburg, Maryland	PHYSICIAN: Please underline the cause to w	hich death should be charged at	latistically.	
	22. VIOLENCE: II death was due to external ca	uses, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereol August 17, 1948 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	Date of		
Cemetery or crematory Inducal Siec Constany	Where did injury occur?(City or town)	(County)	(Sate)	
Location Federalsburg maryland	Injured at home, farm, Industry, public place (v			
	Means of Injury	Injured at work?		
7 4// 0 4 7 7 0 4	1. EX	4		
Address Ledliblobug Maryland	23. SIGNATUR WILLIAM O	leave -	,	
19 august 16 1948 J. J. Fram Ston	1 Styly Medical	nature	11/2/11	
19. Character 16 1948 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Address Distor		110/4	



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